

New  
 Revised

California State University, Fresno  
**TRUST FUND AGREEMENT FORM**

Fund Number

TO: Director of Accounting Services, M/S JA 58

FROM: Department \_\_\_\_\_ Date 6/3/2013

Requestor: This form must be completed in its entirety or it will be returned to the originator. If additional space is needed, please use back of form.

*Please print or type:*

1. Please establish a trust fund entitled:  
\_\_\_\_\_
2. The Department Id number most often used with this fund: \_\_\_\_\_
3. The funds to be deposited in this account are received from:  
\_\_\_\_\_  
\_\_\_\_\_
4. The funds are to be used for the purpose of:  
\_\_\_\_\_  
\_\_\_\_\_
5. It is anticipated that this trust fund will remain open for three years unless otherwise specified:  
\_\_\_\_\_
6. Indicate the instructions for the disposition of funds in the event the purpose of the trust fund is completed and the fund should be closed:  
\_\_\_\_\_  
\_\_\_\_\_

*Expenditures to be authorized by:*

_____ Name and Title (print or type)	_____ Signature
_____ Name and Title (print or type)	_____ Signature
_____ Name and Title (print or type)	_____ Signature

To recover the business management expenses incurred in administering this fund, the Accounting Office will retain any interest earned on this fund, and additionally a 6% service charge be computed monthly on the gross amount deposited into this fund.

Reporting for this fund is accessible on line, per our existing computing environment.

*For Accounting Office Use only*

Established in accordance with: _____ _____	Received by: _____ _____	Date: _____ _____
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